Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4877HHA	A. BUILDING _____ B. WING _____	05/19/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY HOMECARE OF NEVADA, INC	5000 WEST OAKEY BLVD, SUITE B-6 LAS VEGAS, NV 89146

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 5/19/09 and finalized on 5/19/09, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. Complaint #NV00021685 was unsubstantiated with unrelated deficiencies cited. (See Tag #H186) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	H 00		
H186 SS=D	449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on patient file review and staff interview, the patient's file did not contain a clinical summary from the referring agency. Findings include: On 5/19/09 in the afternoon, interview with the agency's President and Director of Nurses (DON) revealed, 90% of the agency's patients were referred by Care Centrix and the agency were only provided with referral forms. The President and the DON further revealed, they were not aware of the requirement hence the lack	H186		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H186	Continued From page 1 of a policy. Severity: 2 Scope: 1	H186		